

Foster Family Home - Corrective Action Report

Provider ID: 1-140008

Home Name: Nympha Rasay, CNA

94-459 Awamoi Place

Waipahu HI 96797

Review ID: 1-140008-6

Reviewer: David Ayling

Begin Date: 10/2/2018

End Date: 10/2/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/2/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling
Compliance Manager

Nympha Rasay
Primary Care Giver

Date

10/2/18
Date